State of Wisconsin Department of Natural Resources PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

Municipal Flood Control Grant Application

Form 8700-291 (R 2/06)

Page 1 of 3

Eligibility Screening Checklist

Instructions: Complete this checklist before applying for grant funding under s. 281.665, Wis. Stats., and ch. NR 199, Wis. Adm. Code. The Checklist will help you to determine whether or not your project is eligible for funding under the Municipal Flood Control Grant program.

- 1. Complete questions 1 through 3 of "Section I: Project Screening Information." Proceed to question 4 only if the project passes the eligibility criteria established in questions 1 through 3.
- 2. If you decide to submit an application for funding, include this completed Eligibility Screening Checklist with other required application materials.

Applicant Name		Project Title						
Section I: Project Screening Information — Select one box for each question								
Yes No 1. Does the	Yes No 1. Does the project increase runoff or raise flood elevations upstream or downstream?							
Yes No 2. Does the	project channelize a wat	terbody?						
Yes No 3. Does the	project line a waterbody	with impervious	s materials?					
If YES to 1, 2 or 3 above, the	project is ineligible for	Municipal Flo	od Control fundir	ng. Stop here.				
Yes No 4. Does the	project provide flood pro	otection to the 1	00-year flood elev	ation or greater?				
Yes No 5. If NO to #	# 4, can the project be mo	odified to provic	de that level of pro	tection?				
Yes No 6. Does the	project include historic s	structures or arc	haeological sites?					
Yes No 7. If YES to	# 6, does the project pro	otect these struc	ctures or sites?					
Yes No 8. Is the app	olicant in good standing i	in the National F	Flood Insurance pr	ogram?				
Yes No 9. Does the	project protect the natura	al and beneficia	al functions of aqua	atic and riparian env	vironments?			
	10. Is this project consistent with land use, watershed and other resource management plans? If NO, explain in your submittal.							
Yes No 11. Does the	project provide adequate	e opportunity fo	r public access an	d use of the waterb	ody?			
	No 12. If NO to # 11, are there compelling health or safety concerns related to public access? Explain in your submittal.							
Yes No 13. Has the a	applicant held public mee	etings and cond	ucted other outrea	ch efforts related to	this project?			
	14. Is there public opposition to this project? If YES, describe the type and nature of the opposition in your submittal.							
Yes No 15. Will the applicant follow Best Management Practices in all phases of the project?								
Section II: Other Funding Sources								
Yes No 16. Has the applicant applied to other financial and technical assistance programs for this project?								
If YES, list all programs and funding amounts requested and received:								
Program Name Funds Requested Date Requested Funds Received Date Received								

Municipal Flood Control Grant Application

Form 8700-291 (R 2/06)

Page 2 of 3

Notice: Use of this form is required by the DNR for any application filed pursuant to s. 281.665, Wis. Stats., and ch. NR 199, Wis. Adm. Code. Personally identifiable information collected on this form will be used for grant administration purposes and is not intended to be used for any other purpose. Information will also be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

Applications must be considered complete by the Department in order to be processed.

Application Score Grant Request Type: Acquisition & Development GMU Leader / Basin Leader Acceptance of Project: Yes No Reason: Applicant Information Applicant Name (ex: City of) County		
Acquisition & Development GMU Leader / Basin Leader Acceptance of Project: Yes No Reason: Applicant Information Applicant Name (ex: City of) County Authorized Representative Name Contact Name Contact Title Contact Telephone Number (include area code) Contact Fax Number (include area code) Contact E-Mail Address	lumber (incl	ude area code)
Applicant Information Applicant Name (ex: City of) Authorized Representative Name Contact Name Contact Title Contact Telephone Number (include area code) Contact Fax Number (include area code) Contact E-Mail Address	Local A	ssistance Grant
Applicant Name (ex: City of) Authorized Representative Name Title Contact Name Contact Title Contact Telephone Number (include area code) Contact Fax Number (include area code) Contact E-Mail Address		
Authorized Representative Name Contact Name Contact Title Contact Title Contact Telephone Number (include area code) Contact Fax Number (include area code) Contact E-Mail Address		
Contact Name Contact Title Contact Telephone Number (include area code) Contact Fax Number (include area code) Contact E-Mail Address		
Contact Telephone Number (include area code) Contact Fax Number (include area code) Contact E-Mail Address	elephone Ni	umber (include area code)
Street Address City		
	State WI	ZIP Code
Type of Eligible Applicant: City Village Town Indian Tribe as defined in cl	ewerage Dis	strict Vis. Adm. Code
Consulting Firm or Contractor, if applicable Consulting Contact Person Name Title	1411 200, 1	vio. /taini. Godo
Telephone Number (include area code) Fax Number (include area code) E-Mail Address		
Street Address City	State	ZIP Code
Project Information		
County Range E / W Township Section Quarter Quarter/Quarter	oitat restorat	tion; (3) erosion control
Flood Elevation / Ground Elevation Information Da	atum (select	<i>'</i>

Municipal Flood Control Grant Application Form 8700-291 (R 2/06) Page 3 of 3

Date Signed

						_		_
Aca	wisition	and	Develo	nment	Fligible	Cost	Estimate	Summary

Name of Authorized Representative (print or type)

			ursement or to cou	

The	costs listed in this section must be incurred during the grant pe	riod in order to be eligib	le for reimbursement or	to count as local match.				
	Eligible Cost as Described in NR 199	A 70% Grant Request	B 30% Local Share	A + B = C Total Cost				
1.	DNR determined fair market value of property							
2.	Cost of appraisals							
3.	Land surveys							
4.	Displaced person relocation payments							
5.	Title evidence							
6.	Recording fees							
7.	Historical and cultural assessments required by DNR							
8.	Environmental inspections							
9.	Structure removal cost							
10.	Construction of flood control structure			1				
11.	Riparian restoration of flood control project							
	Engineering or planning fees for project (inc. previously incurred)							
13.	Structural floodproofing and elevation cost							
	Totals	\$	\$	\$				
Loc	al Assistance Eligible Cost Estimate Summary		•					
Cos	ts listed in this section must be incurred during the grant period	in order to be eligible fo	r reimbursement or to o	ount as local match.				
	Eligible Cost as Described in NR 199	A 70% Grant Request	B 30% Local Share	A + B = C Total Cost				
1.	Labor							
2.	Laboratory analysis							
3.	Surveys							
4.	Publications							
5.	Mailings							
6.	Professional service contracts							
7.	Development activities and similar items							
8.	Engineering or planning fees							
9.	Materials							
10.	Supplies							
11.	Equipment							
12.	Leased equipment							
13.	Leased facilities							
	Totals	\$	\$	\$				
App	lication Checklist (Send original and two copies to the Gra	ant Program Manager)						
See	Municipal Flood Control Grants - Part 4: Application Guide for	detailed requirements:						
_	Application Form 8700-291 (3 pages)							
	Project Evaluation							
Ц	Resolution							
	Environmental Hazards Assessment 1800-001 (Completed Page 1 & 2)							
	Detailed Project Description Man Showing Property Legations, Roundaries, and Existing Conditions							
_	Map Showing Property Locations, Boundaries, and Existing ConditionsProperty Management Plan							
_	Applicant Project Scoring Sheet							
	Property Acquisition Project Property Appraisal (property over \$200,000 requires two appraisals)							
	ification		,					
	tify that to the best of my knowledge and belief information pro-	vidad in this application	is true and complete					

Signature of Authorized Representative